



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

April 11, 2012

Mr. David Silver, Administrator
Newport Residential Care Center
148 Prouty Drive
Newport, VT 05855

Provider #: 385

Dear Mr. Silver:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 8, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection (X3) DATE SURVEY COMPLETED 03/08/2012
NAME OF PROVIDER OR SUPPLIER NEWPORT RESIDENTIAL CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 148 PROUTY DRIVE NEWPORT, VT 05855		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection on 3/8/12. Based on information gathered, the following regulatory violation was cited.	R100		
R179 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews, the home did not assure that one of five staff in the	R179	All staff providing direct care to residents will have at least twelve hours of training each year. The training will include but not be limited to the following. 1) Resident rights; 2) Fire safety and emergency evacuation; 3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; 4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; 5) Respectful and effective interaction with residents; 6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and 7) General supervision and care of residents. A record will be maintained on all staff to insure compliance of at least twelve hours of training	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Administrator

(X6) DATE

3/29/12

STATE FORM

6899

Y2M111

If continuation sheet 1 of 2

PMU

Division of Licensing and Protection

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R179	Continued From page 1 applicable sample completed required annual trainings to maintain competency in skills and techniques they are expected to perform during direct care to residents. Findings include: 1. Per review of the home's in-service records on 3/8/12, one of five sampled employees who provide direct care to residents had no evidence to indicate that s/he had completed either the mandatory annual trainings or a total of 12 hours in the period of one year. During an interview on 3/8/12 at 1:50 PM, the Director of Nursing confirmed that the home could not provide evidence to show that one of five direct care staff in the applicable sample had completed either the mandatory annual trainings or a total of 12 hours in the year.	R179	each year. The DON will monitor on an on-going basis. R179 Poc accepted 4/9/12 JHosmerRN/Princetarn	4-15-12	